

# Fire Incident Report

## All Events



This report is to be completed and forwarded to the Clerk of the Course following any incident involving car-to-car contact, car-to-barrier contact, apparent injury to any person or possible infringement of the rules (particularly where danger has been created by the action). Additional reports (eg. Injury and/or accident reports) must be attached to this form.

Office Use:  
[Redacted]

**DRIVER'S NAME**

### Details

**REPORTED BY**

**DATE**                      —                      —                      **TIME**

**LOCATION**

**EVENT**

**CATEGORY**

**CAR NUMBER/S**

**PERMIT NO.**

### Description of Incident and Circumstances Associated

**DESCRIPTION OF INCIDENT AND CIRCUMSTANCES ASSOCIATED**

#### DRIVERS CONDITION

OUT OF CAR

STILL IN CAR

MEDICAL REQUIRED

RESCUE REQUIRED

FIRE REQUIRED

#### TYPE(S) OF FIRE

FUEL

OIL

ENGINE

UNDER BONNET

OTHER

If other, specify

#### INCIDENT LOCATION

DRIVERS LEFT

DRIVERS RIGHT

TURN NUMBER

FLAG NUMBER

SECTOR NUMBER

#### EXTINGUISHER(S) USED

DCP

WATER

OTHER

If other, specify

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**CAR'S INBOARD SYSTEM ACTIVATED**      YES      NO

**RESPONSE INITIATED BY**      RACE CONTROL      FIRE VEHICLE      OTHER

PLEASE SPECIFY

## Witness Details

### WITNESS ONE

NAME

LOCATION

CONTACT NO.

### WITNESS TWO

NAME

LOCATION

CONTACT NO.

### WITNESS THREE

NAME

LOCATION

CONTACT NO.

## Declaration

REMARKS OR RECOMMENDATIONS

NAME AND SIGNATURE OF PERSON SUBMITTING REPORT

SIGN HERE

DATE      -      -